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(d)	A TRABE	MARKOR

PETITION FOR	<b>EXTENSION</b> (	OF TIME UNDER	37 CFR 1.136(a)	į

Docket Number 480048.458

FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)							
Application Number 10/696,536					October 29,	2003	
For	COMPOSITIONS CONTAINING PEPTIDE METALLOPROTEINASE INHIBITORS AN			RETO	_		
Art Unit 1654					Examiner Thomas Sweeney Heard		
	his is a request under the provisions of 37 CF eply in the above identified application.	R 1.136(a) to exte	end the perio	d for fili	ing a		
	he requested extension and fee are as follow ee below):	s (check time perio	od desired a	nd ente	er the appropr	riate	
		<u>Fee</u>	Small En	tity Fee	<u>)</u>		
	One month (37 CFR 1.17(a)(1))	\$120	\$6	0	\$		
	Two months (37 CFR 1.17(a)(2))	\$450	\$22	25	\$		
	☑ Three months (37 CFR 1.17(a)(3))	\$1020	\$51	0	\$ <u>510</u>		
	Four months (37 CFR 1.17(a)(4))	\$1590	\$79	)5	\$		
	Five months (37 CFR 1.17(a)(5))	\$2160	\$10	80	\$		
	Applicant claims small entity status. See 37	7 CFR 1.27.					
X	A check including the amount of the fee is	enclosed.					
П	Payment by credit card. Form PTO-2038 is	attached.					
П	The Director has already been authorized to		is				
_	application to a Deposit Account.		-				
	The Director is hereby authorized to charge	-	•				
	or credit any overpayment, to Deposit Ac duplicate copy of this sheet.	count Number <u>19-</u>	<u>1090</u> . Thave	enclo:	sed a		
	WARNING: Information on this form may become						
	included on this form. Provide credit card inf	ormation and author	orization on F	'TO-203	38.		
L	am the 🗌 applicant/inventor.						
	assignee of record of the entire inter	rest. See 37 CFR	3.71				
	Statement under 37 CFR 3.73(b)	is enclosed (Form	n PTO/SB/96	i <b>)</b> .			
	🛚 attorney or agent of record. Registr	ation No. <u>50,922</u>					
	attorney or agent under 37 CFR 1.3	4.					
	Registration number if acting under	r 37 CFR 1.34					
	E WWa Signature	_	F	ebruar	y 17, 2006		
	Signature			Date			
	Emily W. Wagner		20	6-622-	4900		
	Typed or printed name		Telepho				
NOT	E: Signatures of all the inventors or assignees of re	ecord of the entire in	terest or their	represer	ntative(s) are re	eauired.	

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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